Substitute for form 1449A/PTO INFORMATION DISCLOSURE				Complete if Known		
				Application Number	10/775,666	
STATEMENT BY APPLICANT				Filing Date	February 9, 2004	
				First Named Inventor	SHEHADA, Ramez Emile Necola	
(use as many sheets as necessary)				Art Unit	3761	
				Examiner Name	HILL, Laura C.	
Sheet	1	of	1	Attorney Docket Number	64693-092	

U.S. PATENT DOCUMENTS							
Cite No. 1	Document Number	Issue Date MM-DD-YYYY	Name of Patentee or				
	Number -Kind Code ² (if known)		Applicant of Cited Document				
1	US-6,210,346	04-03-2001	HALL et al.				
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	No. 1	No. 1 Number - Kind Code ² (if known) 1 US-6,210,346	Document Number Issue Date Number -Kind Code ³ (ff known) Issue Date MM-DD-YYYY 1 US-6,210,346 04-03-2001				

Examiner	Cite	Foreign Patent Document Country Code ³ -Number ⁴ -Kind	Publication Date	Name of Patentee or	T ⁶
Initials*	No. 1	Code ⁸ (if known)	MM-DD-YYYY	Applicant of Cited Document	
	2	EP-1 138 343 A	10-04-2001	INTEGRA LIFE SCIENCES	-
	3	WO 02/096286 A	12-05-2002	DIAMETRICS MEDICAL LTD.	
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Examiner	Date
Signature	Considered

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional).
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